

Face Sheet

1. Applicant Museum

2. Museum's Mailing Address

3. City

4. State

5. Zip Code

6. Museum Director

7. Business Phone of Museum Director

8. Name of Project Contact Person

9. Business Phone of Project Contact Person

10. FAX Number of Museum

11. e-mail address of Project Contact Person

Institutional Web Address

12. Name and address of sponsoring institution/parent organization, if applicable (e.g., municipality, state, or university)

☐ check if this entity will manage funds if an award is made.

13. Check Governing Control of Applicant (check one)

☐ State

☐ County

☐ Private Non-profit

☐ Municipal

☐ Tribal Government

☐ Other, please specify _____

14. Museum's discipline (check one)

☐ Aquarium

☐ General*

☐ Nature Center

☐ Arboretum

☐ Historic House/Site

☐ Planetarium

☐ Art

☐ History

☐ Science/Technology

☐ Children's/Youth

☐ Natural History/
Anthropology

☐ Zoo

☐ Specialized** _____

15. Type of project (check what applies) ☐ Survey

☐ Training

☐ Environmental Improvements

a. ☐ General

☐ Research

☐ Exceptional Project

b. ☐ Detailed Condition

☐ Treatment

c. ☐ Environmental

16. Type of project (check one)

☐ Non-Living

☐ Systematics/Natural History

☐ Animals, Living

☐ Plants, Living

17. Collections Category (use a scale from 1 (most affected) to 4 (slightly affected) to show which collection types (up to 4 total) are primarily affected by the project. Use arrows to indicate choice.)

___ aeronautics, space/airplanes

___ animals, live

___ animals, preserved

___ anthropologic, ethnographic

___ archaeological

___ books

___ ceramics, glass, metals, plastics

___ documents, manuscripts

___ furniture/wooden objects

___ geological, mineral, paleontological

___ historic buildings

___ historic sites

___ horological (clocks)

___ landscape features, constructed

___ machinery

___ maritime, historic ships

___ medals

___ medical, dental, health, pharmacological

___ military, including weapons

___ motion picture, audiovisual

___ musical instruments

___ numismatics (money)

___ paintings

___ philatelic (stamps)

___ photography, negatives

___ photography, prints

___ physical science projects

___ plants, live

___ plants, preserved

___ sculpture, indoor

___ sculpture, outdoor

___ textiles and costumes

___ tools

___ toys and dolls

___ transportation, excluding airplanes

___ works of art on paper

* A museum with collections representing two or more disciplines equally (eg. art and history)

** A museum with collections limited to one narrowly-defined discipline (eg. textiles, stamps, maritime, ethnic group)

18. Is the museum college or university controlled? (Check One) ☐ Yes ☐ No
19. Museum's non-Federal operating income for the most recently completed fiscal year _____ (year) \$ _____ .00
20. Grant Period (Starting Date) _____ / _____ / _____ — _____ / _____ / _____ (Ending Date)
(Fiscal Year 2003— Starting Dates for October 15, 2002 deadline must fall between May 1, 2003 and September 30, 2003)
21. In addition to CPS are you requesting additional funds for education activities? (Not to Exceed \$10,000)
☐ No ☐ Yes/Amount: \$ _____ .00
22. Grant Amount Requested (*do not include education funds here*) \$ _____ .00
23. Amount of Matching Funds \$ _____ .00
24.

 (*add lines 21 and 22*) \$ _____ .00
25. Key Project Consultants (Attach sheet if more space needed)

26. Key Project Staff (Attach sheet if more space needed)

Note: All key project consultants must include a letter of commitment and resume, and all key project staff must include a resume.

For IMLS Staff Use only:

First Check: ☐ Complete ☐ Incomplete _____ initials/date
Second Check: ☐ Complete ☐ Incomplete _____ initials/date

27. In the space below, summarize the project activities. (include education component if applicable)

28. Certification:

Signature of Authorizing Official

Date

Project Budget Form Front

SECTION 1: DETAILED BUDGET - CONSERVATION PROJECT SUPPORT

Name of Applicant _____

IMPORTANT! READ INSTRUCTIONS IN PART 4 BEFORE PROCEEDING.

SALARIES AND WAGES (PERMANENT STAFF)

| NAME/TITLE | No. | METHOD OF COST COMPUTATION | IMLS | MATCH | TOTAL |
|--------------------------|-----|----------------------------|----------|-------|-------|
| _____ | () | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ |
| TOTAL SALARIES AND WAGES | | | \$ _____ | _____ | _____ |

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

| NAME/TITLE | No. | METHOD OF COST COMPUTATION | IMLS | MATCH | TOTAL |
|--------------------------|-----|----------------------------|----------|-------|-------|
| _____ | () | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ |
| TOTAL SALARIES AND WAGES | | | \$ _____ | _____ | _____ |

FRINGE BENEFITS

| RATE | SALARY BASE | IMLS | MATCH | TOTAL |
|-----------------------|---------------|----------|-------|-------|
| _____ | % of \$ _____ | _____ | _____ | _____ |
| _____ | % of \$ _____ | _____ | _____ | _____ |
| _____ | % of \$ _____ | _____ | _____ | _____ |
| TOTAL FRINGE BENEFITS | | \$ _____ | _____ | _____ |

CONSULTANT FEES

| NAME/TYPE OF CONSULTANT | RATE OF COMPENSATION (DAILY OR HOURLY) | NO. OF DAYS (OR Hrs) ON PROJECT | IMLS | MATCH | TOTAL |
|-------------------------|---|------------------------------------|----------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL CONSULTATION FEES | | | \$ _____ | _____ | _____ |

TRAVEL

| FROM/TO | NUMBER OF: PERSONS DAYS | SUBSISTENCE COSTS | TRANSPORTATION COSTS | IMLS | MATCH | TOTAL |
|--------------------|----------------------------|----------------------|-------------------------|----------|-------|-------|
| _____ | () () | _____ | _____ | _____ | _____ | _____ |
| _____ | () () | _____ | _____ | _____ | _____ | _____ |
| _____ | () () | _____ | _____ | _____ | _____ | _____ |
| _____ | () () | _____ | _____ | _____ | _____ | _____ |
| TOTAL TRAVEL COSTS | | | | \$ _____ | _____ | _____ |

Project Budget Form Back

SECTION 1 - CONSERVATION PROJECT SUPPORT-CONTINUED

MATERIALS, SUPPLIES, AND EQUIPMENT

| ITEM | BASIS/METHOD OF COST COMPUTATION | IMLS | MATCH | TOTAL |
|--|----------------------------------|-----------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| TOTAL COST OF MATERIAL, SUPPLIES, & EQUIPMENT | | \$ | | |

SERVICES

| ITEM | BASIS/METHOD OF COST COMPUTATION | IMLS | MATCH | TOTAL |
|-----------------------|----------------------------------|-----------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| TOTAL SERVICES | | \$ | | |

OTHER

| ITEM | BASIS/METHOD OF COST COMPUTATION | IMLS | MATCH | TOTAL |
|----------------------------|----------------------------------|-----------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| TOTAL COST OF OTHER | | \$ | | |

| | | | |
|-----------------------------------|-----------|--|--|
| TOTAL DIRECT PROJECT COSTS | \$ | | |
|-----------------------------------|-----------|--|--|

Project Budget Form Front

SECTION 2: DETAILED BUDGET - EDUCATION COMPONENT

Name of Applicant _____ (If Applicable)

IMPORTANT! READ INSTRUCTIONS IN PART 4 BEFORE PROCEEDING.

SALARIES AND WAGES (PERMANENT STAFF)

| NAME/TITLE | No. | METHOD OF COST COMPUTATION | IMLS | MATCH | TOTAL |
|---------------------------------|-----|----------------------------|-----------|-------|-------|
| _____ | () | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ |
| TOTAL SALARIES AND WAGES | | | \$ | | |

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

| NAME/TITLE | No. | METHOD OF COST COMPUTATION | IMLS | MATCH | TOTAL |
|---------------------------------|-----|----------------------------|-----------|-------|-------|
| _____ | () | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ |
| TOTAL SALARIES AND WAGES | | | \$ | | |

FRINGE BENEFITS

| RATE | SALARY BASE | IMLS | MATCH | TOTAL |
|------------------------------|---------------|-----------|-------|-------|
| _____ | % of \$ _____ | _____ | _____ | _____ |
| _____ | % of \$ _____ | _____ | _____ | _____ |
| _____ | % of \$ _____ | _____ | _____ | _____ |
| TOTAL FRINGE BENEFITS | | \$ | | |

CONSULTANT FEES

| NAME/TYPE OF CONSULTANT | RATE OF COMPENSATION (DAILY OR HOURLY) | NO. OF DAYS (OR Hrs) ON PROJECT | IMLS | MATCH | TOTAL |
|--------------------------------|---|------------------------------------|-----------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL CONSULTATION FEES | | | \$ | | |

TRAVEL

| FROM/TO | NUMBER OF: PERSONS DAYS | SUBSISTENCE COSTS | TRANSPORTATION COSTS | IMLS | MATCH | TOTAL |
|---------------------------|----------------------------|----------------------|-------------------------|-----------|-------|-------|
| _____ | () () | _____ | _____ | _____ | _____ | _____ |
| _____ | () () | _____ | _____ | _____ | _____ | _____ |
| _____ | () () | _____ | _____ | _____ | _____ | _____ |
| _____ | () () | _____ | _____ | _____ | _____ | _____ |
| TOTAL TRAVEL COSTS | | | | \$ | | |

Project Budget Form Back

SECTION 2 - EDUCATION COMPONENT-CONTINUED

MATERIALS, SUPPLIES, AND EQUIPMENT

| ITEM | BASIS/METHOD OF COST COMPUTATION | IMLS | MATCH | TOTAL |
|---|----------------------------------|------|-------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL COST OF MATERIAL, SUPPLIES, & EQUIPMENTS | | | | |

SERVICES

| ITEM | BASIS/METHOD OF COST COMPUTATION | IMLS | MATCH | TOTAL |
|-----------------------|----------------------------------|-----------|-------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL SERVICES | | \$ | | |

OTHER

| ITEM | BASIS/METHOD OF COST COMPUTATION | IMLS | MATCH | TOTAL |
|----------------------------|----------------------------------|-----------|-------|-------|
| | | | | |
| | | | | |
| | | | | |
| TOTAL COST OF OTHER | | \$ | | |

| | | | |
|-----------------------------------|-----------|--|--|
| TOTAL DIRECT PROJECT COSTS | \$ | | |
|-----------------------------------|-----------|--|--|

INDIRECT COSTS

Check either A or B and complete C (see page 4.6 for an explanation of indirect costs).

- ☐ A. an indirect cost rate which does not exceed 20% of modified total direct costs – may be listed only as cost sharing and not to exceed \$10,000.
- ☐ B. Federally Negotiated Indirect Cost Rate (see page 4.6).

Note: may be applied to both IMLS and match columns – total direct costs charged to IMLS even with a pre-negotiated indirect cost rate must not exceed \$50,000 or \$75,000 (if an exceptional project).

Name of Federal Agency

Effective Date of Agreement

| C. Rate | base(s) | Amount(s) | Amount(s) |
|---------|---------|-----------|-----------|
| | % of \$ | | \$ |
| | % of \$ | | \$ |

TOTAL INDIRECT COSTS \$ _____

Note: This page is part of the budget forms and must be included, whether or not you can claim an indirect cost rate.

Project Budget Form

SECTION 3: SUMMARY BUDGET-CPS AND EDUCATION COMPONENT

Name of Applicant _____

IMPORTANT! READ INSTRUCTIONS IN PART 4 BEFORE PROCEEDING.

| DIRECT COSTS | IMLS | MATCH | TOTAL |
|---|----------|----------|-----------------|
| SALARIES AND WAGES (PERMANENT STAFF) | _____ | _____ | _____ |
| SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT) | _____ | _____ | _____ |
| FRINGE BENEFITS | _____ | _____ | _____ |
| CONSULTANT FEES | _____ | _____ | _____ |
| TRAVEL: DOMESTIC | _____ | _____ | _____ |
| FOREIGN | _____ | _____ | _____ |
| SUPPLIES & MATERIALS | _____ | _____ | _____ |
| SERVICES | _____ | _____ | _____ |
| OTHER | _____ | _____ | _____ |
| TOTAL DIRECT COSTS | \$ _____ | \$ _____ | \$ _____ |
| INDIRECT COSTS * | \$ _____ | \$ _____ | \$ _____ |
| * If you do not have a current Federally negotiated rate, your indirect costs must appear in the Match column only. | | | |
| TOTAL PROJECT COSTS | | | \$ _____ |
| AMOUNT OF CASH—MATCH | | \$ _____ | |
| AMOUNT OF IN-KIND CONTRIBUTIONS—MATCH | | \$ _____ | |
| TOTAL AMOUNT OF MATCH (CASH AND IN-KIND CONTRIBUTIONS) | | | \$ _____ |
| AMOUNT REQUESTED FROM IMLS | | | \$ _____ |
| PERCENTAGE OF TOTAL PROJECT COSTS REQUESTED FROM IMLS (MAY NOT EXCEED 50%) | | | _____ % |

Have you received or requested funds for any of these project activities from another Federal agency? (please check one) ☐ Yes ☐ No

If yes, name of agency _____
Amount requested \$ _____

Date _____

Statement of Purpose

1. Does the museum have a statement of purpose that has been formally approved by the museum's governing authority?

A.) ☐ Yes

If yes, fill in the following information:

Name of document in which statement appears

Date of approval

B) ☐ No

If **no**, call IMLS immediately at (202) 606-8539. You may not apply for a CPS grant without a formally approved statement of purpose!

2. What is the museum's statement of purpose?

Application Checklist

Use the following checklist to make sure you have included all required materials and to let the reviewers know what you have included with your application.

- ☐ Face Sheet (3 pages)
- ☐ Grant Processing Information Sheet
- ☐ Proof of Nonprofit Status
- ☐ Assurances/Certification of Authorizing Official
- ☐ Indirect Cost Rate Agreement
- ☐ Project Budget Forms ☐ *CPS* ☐ *Education*
- ☐ Narrative(s) ☐ *CPS* ☐ *Education*
- ☐ Schedule of Completion
- ☐ Supporting Documents (*as appropriate*)
 - Letters of Commitment
 - Resumes
 - Survey Reports
 - Long-Range Conservation Plan
 - Treatment Plans or Proposals
 - Equipment Specifications
 - Slides, Photographs, Video
 - Training Curricula
 - Brochure/Catalogue/Annual Report
 - Other _____
- ☐ Group Application Agreement Form

Grant Processing Information Sheet

FOR IMLS ONLY- DO NOT PHOTOCOPY

ALL IMLS CONSERVATION PROJECT SUPPORT APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS.

Check the appropriate answer.

ELIGIBILITY REQUIREMENTS

1. Is the museum organized as a public or private nonprofit institution that exists on a permanent basis for essentially educational or aesthetic purposes?
☐ Yes ☐ No
2. Does the museum care for, and own or use tangible objects, whether animate or inanimate?
☐ Yes ☐ No
3. Are these objects exhibited to the public on a regular basis through facilities the museum owns or operates?
☐ Yes ☐ No
4. Is the museum open and exhibiting to the public at least 120 days a year?
☐ Yes ☐ No
5. Has the museum been open and providing museum services to the general public for two full years prior to the grant application deadline?
☐ Yes ☐ No
6. Does the museum have at least one full-time paid or unpaid staff member or the equivalent, whose primary duty is the care, acquisition, or exhibition to the public of objects owned or used by the museum?
☐ Yes ☐ No
7. Museum's estimated attendance for the 12-month period prior to application. _____
8. Total number of hours museum was open to the public for the 12-month period prior to application. _____
9. The year the museum was first open and exhibiting objects to the general public. _____
10. Number of full-time paid museum staff. _____
11. Number of part-time paid museum staff. _____
12. Number of full-time unpaid museum staff. _____
13. Number of part-time unpaid museum staff. _____

PRIOR IMLS (FORMERLY IMLS) AWARDS

HAS THE MUSEUM RECEIVED A :

- | | | |
|-------------|---|-----------------------------|
| GOS* grant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| CPS grant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| NLG grant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SP* grant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| MAP grant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| CAP grant? | <input type="checkbox"/> Yes _____ year | <input type="checkbox"/> No |
| MLI* grant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TAG* grant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

RESUBMISSIONS

- ☐ Please check the box if this grant is a resubmission.

* General Operating Support Grants, Special Project Support Grants, and Technical Assistance Grants are no longer available from IMLS. Museum Leadership Grants have been replaced by "Museums in the Community" and are a component of the National Leadership Grants for Museums.